FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person * DENTON ROBERT L | | | | CO | 2. Issuer Name and Ticker or Trading Symbol CORPORATE OFFICE PROPERTIES TRUST [OFC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | |
|---|---------------|---------------------------------------|-----------------------|------------------|---|----------------------|-----------|--|-------------------|---|---|---|--|--|--|---------------------------------------|-----|-------------|
| CELL COLLIN (DIA CAMPINIAN) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2016 | | | | | | | | | | | | | |
| (Street) COLUMBIA, MD 21046 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person | | | | | |
| (City |) | (State) | (Zip) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) a | | | | f Code (Instr. 8) | | ion 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5) | | | B R | Beneficially Owned Following Reported Transaction(s) | | Ownership of Form: | 7. Nature of Indirect Beneficial Ownershi | | | |
| | | | (Mon | (Month/Day/Year) | | Coc | le | V | Amount | (A) or (D) | Price | Ì | (Instr. 3 and 4) | | | or Indirect (I) (Instr. 4) | | |
| Common | Units - C | OPLP | 08/02/2016 | | | | С | | | 2,000 | D | <u>(2)</u> | 3 | 306,50 | 0 | | D | |
| Common | Shares - C | COPT | 08/02/2016 | | | | M | - | | 2,000 | A | <u>(1)</u> | 5 | 5,118 | | | D | |
| Common Shares-COPT 08/04/ | | 08/04/2016 | | | | S | | | 2,000 | D | \$ 29.48 | 377 3 | 3,118 | | D | | | |
| Reminder: | Report on a s | separate line | e for each class of s | | | | | | Per cor the | rsons wh ntained i | no res n this splay | form a | are no rently | ot requ y valid | | formation spond unle trol numbe | ess | 2 1474 (9-0 |
| | | | 1 abie | | | | | | | ıs, conver | | | | Ownea | | | | |
| Derivative Conversion | | e (Month/Day/Year) any (Month/Day/ | | Date, if | te, if Transaction Number | | and (M | and Expiration Date (Month/Day/Year) Am Unc Sec | | mount Inderly ecuriti Instr. 3 | ount of erlying urities r. 3 and Derivative Security (Instr. 5) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Securit Direct or India | f Beneficive Owne (Instr. | | | |
| | | | | | Code | v | (A) | (D) | Da Ex | te ercisable | Expir Date | ation Ti | itle N | lumber | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| DENTON ROBERT L 6711 COLUMBIA GATEWAY DRIVE SUITE 300 COLUMBIA, MD 21046 | X | | | | | |

Signatures

| Karen M. Singer, by Power of Attorney | 08/04/2016 |
|---------------------------------------|------------|
| | |

| **Signature of Reporting Person | Date | | |
|---------------------------------|------|--|--|
| | | | |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Acquired through conversion of COPLP Units.
- (2) Converted into Common Shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.